

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED AUG 15 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

25759

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County Osage
(b) City or town Freeburg R.F.D.
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. Lifetime
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Francis Kaiser

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Chas. Kaiser 6. (c) Age of husband or wife if alive 79 years
7. Birth date of deceased 2 (Month) 2 (Day) 1864 (Year)

8. AGE: Years Months Days If less than one day
77 3 21 hr. min.

9. Birthplace Westphalia 0 Mo. (City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business.

12. Name Joseph Kuesterstaphan
13. Birthplace 4 Germany (City, town, or county) (State or foreign country)
14. Maiden name Anna Bauermann
15. Birthplace 4 Germany (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Conrad Wieggers
(b) Address Freeburg Mo. R.D.
17. (a) Burial (b) Date thereof 5-26-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Westphalia

18. (a) Signature of funeral director Morton Funeral Home
(b) Address Linn Mo.
19. (a) 5/25/41 (b) may 25 1941
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Osage 76
(c) City or town Westphalia Mo 0
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5/23 day 1941
year 1941 hour 6:00 P.M. minute 0 M.
21. I hereby certify that I attended the deceased from May 1st
1939 to May 23 1941

that I last saw her alive on Mar. 15 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic
Myocarditis
Due to Arthritis deformans 4 yrs

Due to 1941
Other conditions 7
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy
PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury
23. Signature Conrad S. Verhoff (M. D. or other) 5
Address Westphalia Mo Date signed 5/22/41

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.
working under my personal supervision.

Signed Vernon H. Morton

Licensed Embalmer No. 4125

P. O. Address Linn Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.